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From: DOD, CENTCOM, ORGANIZATIONS, USCENTCOM SURGEON(MC)

Subject: MOD 7 TO USCENTCOM INDIVIDUAL PROTECTION AND INDIVIDUAL/UNIT  
DEPLOYMENT POLICY

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OPERS/ENDURING FREEDOM/IRAQI FREEDOM//

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AMPN/ORIGINAL USCINCCENT INDIVIDUAL PROTECTION AND INDIVIDUAL UNIT  
DEPLOYMENT POLICY MESSAGE.//

REF/B/MSG/CDRUSCENTCOM/SG/270549ZMAY2004//

AMPN/MOD 6 TO USCINCCENT INDIVIDUAL PROTECTION AND UNIT DEPLOYMENT POLICY  
MESSAGE. THIS DOCUMENT IS NO LONGER VALID AND IS SUPERSEDED BY MOD 7//

RMKS/1. (U) THIS IS MODIFICATION 7 TO USCINCCENT INDIVIDUAL PROTECTION  
AND INDIVIDUAL, UNIT DEPLOYMENT POLICY. IN SUMMARY, MODIFICATIONS HAVE  
BEEN MADE TO PARAGRAPHS 12 AND 15 FROM THE BASE DOCUMENT, REFERENCE A.

1.A. PARAGRAPH 12.D IS MODIFIED TO REFLECT THAT ALL PERSONNEL WILL DEPLOY  
WITH THE FOLLOWING ITEMS IAW SERVICE GUIDELINES:

1.A.1. ONE HEMOSTATIC DRESSING.

1.A.2. ONE COMBAT APPLICATION TOURNIQUET SYSTEM (CATS).

1.B. PARAGRAPH 12.D IS MODIFIED TO ENSURE ALL UNIFORMS ARE TREATED WITH  
PERMETHRIN PRIOR TO DEPLOYMENT. THERE CURRENTLY IS NO APPROVED PERMETHRIN  
TREATMENT METHOD FOR NOMEX UNIFORMS.

1.C. PARAGRAPH 15 REQUIRED NUMEROUS CHANGES AND IS THEREFORE BEING  
REPUBLISHED IN ITS ENTIRETY.

1.D. SUMMARY OF SIGNIFICANT CHANGES [IN ORDER OF APPEARANCE].

1.D.1. CLARIFICATION OF REQUIREMENT TO TREAT UNIFORMS WITH PERMETHRIN  
PRIOR TO DEPLOYMENT. THERE CURRENTLY IS NO APPROVED PERMETHRIN TREATMENT  
METHOD FOR NOMEX UNIFORMS AT PARAGRAPH 12.D.

1.D.2. MODIFICATION TO REFLECT THAT MALARIA CHEMOPROPHYLAXIS IS NOT  
REQUIRED IN IRAQ AT THIS TIME BASED ON VECTOR SURVEILLANCE AND DISEASE  
TRENDS AT PARAGRAPH 15.B.2.B.2.

1.D.3. MODIFICATION TO REFLECT TERMINAL PROPHYLAXIS WITH PRIMAQUINE TO  
CONSIST OF 15 MILLIGRAMS OF BASE (26.3 MILLIGRAMS SALT) TAKEN ONCE A DAY  
FOR FOURTEEN DAYS BEGINNING AFTER DISEASE TRANSMISSION RISK IS TERMINATED  
(I.E., DEPARTURE FROM AOR OR END OF SEASONAL RISK) IAW SERVICE GUIDELINES  
AT PARAGRAPH 15.B.2.G.

1.D.4. MODIFICATION TO REFLECT ANY PERSONNEL WHO REQUIRE MEDICATION WILL  
DEPLOY WITH NO LESS THAN A 90 DAY SUPPLY OF THEIR MEDICATION OR FOLLOW  
SERVICE SPECIFIC GUIDANCE, WHICHEVER IS MORE APPROPRIATE AT PARAGRAPH  
15.G.6.

1.D.5. ADDITION OF MORE DETAILED GUIDANCE FOR RESTRICTION ON WEAR OF  
CONTACTS AT 15.G.7.

1.E. PARAGRAPH 15 OF REF A HAS BEEN REWRITTEN AS FOLLOWS:

15.A. USCENTCOM THEATER SPECIFIC IMMUNIZATION REQUIREMENTS:

15.A.1. ALL PERSONNEL MUST HAVE REQUIRED THEATER-SPECIFIC IMMUNIZATIONS  
PRIOR TO DEPLOYMENT. SUPERVISORS AND COMMANDERS MUST ENSURE THE FOLLOWING  
STANDARD IMMUNIZATIONS ARE CURRENT PRIOR TO DEPLOYING TO THE USCENTCOM  
AOR:

15.A.1.A. HEPATITIS A VACCINE SERIES.

15.A.1.B. HEPATITIS B VACCINE SERIES (OCCUPATIONALLY-EXPOSED PERSONNEL, E.G. MEDICAL, MORTUARY AFFAIRS, LAW ENFORCEMENT; IAW SERVICE POLICY).

15.A.1.C. INFLUENZA (CURRENT ANNUAL VACCINE).

15.A.1.D. MENINGOCOCCAL (QUADRIVALENT) VACCINE (WITHIN FIVE YEARS): REVIEW CURRENT ARMED FORCES MEDICAL INTELLIGENCE CENTER (AFMIC) ASSESSMENTS OF MENINGOCOCCAL DISEASE (SEE USCENTCOM AOR-WIDE ASSESSMENTS ON THE AFMIC SIPRNET WEBSITE  
[HTTP://WWW.AFMIC.DIA.SMIL.MIL/CGI-BIN/AFMIC/NAV.PL?MENU=CENTCOM.HTML](http://WWW.AFMIC.DIA.SMIL.MIL/CGI-BIN/AFMIC/NAV.PL?MENU=CENTCOM.HTML) OR AFMIC UNCLASSIFIED WEBSITE [HTTP://MIC.AFMIC.DETRICK.ARMY.MIL](http://MIC.AFMIC.DETRICK.ARMY.MIL) NOTE: WEB ADDRESSES MUST BE TYPED IN ALL LOWERCASE). MENINGOCOCCAL VACCINATION IS REQUIRED FOR COUNTRIES WHERE AFMIC ASSESSES THAT RISK IS ELEVATED ABOVE US BASELINE. AT THIS WRITING, THESE COUNTRIES INCLUDE EGYPT, SUDAN, ETHIOPIA, ERITREA, DJIBOUTI, SOMALIA, AND KENYA. MENINGOCOCCAL VACCINE IS NOT REQUIRED FOR PERSONNEL DEPLOYING ONLY TO OTHER COUNTRIES IN THE CENTCOM AOR.

15.A.1.E. TETANUS-DIPHTHERIA (WITHIN 10 YEARS).

15.A.1.F. TYPHOID (INJECTABLE OR ORAL), CURRENT PER PACKAGE INSERT.

15.A.1.G. YELLOW FEVER VACCINE (YF) (LAST DOSE WITHIN 10 YEARS): REVIEW CURRENT AFMIC ASSESSMENTS. YF VACCINATION IS REQUIRED FOR COUNTRIES WHERE THE DISEASE IS PRESENT. (SEE USCENTCOM AOR-WIDE ASSESSMENTS ON THE AFMIC SIPRNET WEBSITE  
[HTTP://WWW.AFMIC.DIA.SMIL.MIL/CGI-BIN/AFMIC/NAV.PL?MENU=CENTCOM.HTML](http://WWW.AFMIC.DIA.SMIL.MIL/CGI-BIN/AFMIC/NAV.PL?MENU=CENTCOM.HTML) OR AFMIC UNCLASSIFIED WEBSITE [HTTP://MIC.AFMIC.DETRICK.ARMY.MIL](http://MIC.AFMIC.DETRICK.ARMY.MIL) NOTE: WEB ADDRESSES MUST BE TYPED IN ALL LOWERCASE). AT THIS WRITING THESE COUNTRIES INCLUDE SUDAN, ETHIOPIA, ERITREA, DJIBOUTI, SOMALIA, AND KENYA.

15.A.1.H. PNEUMOCOCCAL VACCINE: FOR ALL ASPLENIC (WITH NO SPLEEN) PERSONNEL -- 0.5 ML IM OR SUBCUTANEOUS. GIVE ONE REVACCINATION FIVE OR MORE YEARS AFTER INITIAL PNEUMOCOCCAL VACCINATION.

15.A.1.I. POLIO, MEASLES AND RUBELLA VACCINES: NEARLY ALL SERVICE MEMBERS RECEIVED THESE VACCINATIONS EARLY IN THEIR MILITARY TRAINING. AT PRE-DEPLOYMENT, ADMINISTER ONLY IF THERE IS SPECIFIC REASON TO BELIEVE THE MEMBER DID NOT RECEIVE THESE IMMUNIZATIONS EITHER DURING ROUTINE CHILDHOOD VACCINATION OR MILITARY ENTRY. THESE IMMUNIZATIONS SHOULD NOT BE GIVEN MERELY BASED ON LACK OF DOCUMENTATION OF PREVIOUS RECEIPT OF SUCH.

15.A.2. ADDITIONAL CENTCOM SPECIFIC REQUIREMENTS. NONE

15.A.3. BIOLOGICAL WEAPONS AGENT (BWA) IMMUNIZATIONS. ANTHRAX AND SMALLPOX IMMUNIZATION PER LATEST DOD GUIDANCE.

15.A.4. COMPONENT COMMANDS WILL REPORT IMMUNIZATION DATA THROUGH SERVICE CHANNELS IAW SERVICE GUIDELINES, (ARMY-MEDPROS, AIR FORCE-CITA, COAST GUARD-MRS, AND NAVY/MARINE CORPS-SAMS). ENTERING IMMUNIZATION PROMPTLY INTO ELECTRONIC TRACKING SYSTEMS IS ESSENTIAL TO OPTIMIZE THE SERVICE MEMBER'S PERSONAL PROTECTION AND TO PREVENT NEEDLESS DUPLICATION OF IMMUNIZATIONS.

15.A.5. AS A GENERAL RULE, NO REQUIRED IMMUNIZATION WILL BE DEFERRED UNTIL ARRIVAL IN THE AOR. EXCEPTIONS:

15.A.5.A. IF UNAVOIDABLE CIRCUMSTANCES PRECLUDE ADMINISTERING ALL IMMUNIZATIONS IN A SERIES, AT LEAST THE FIRST IN THE SERIES MUST BE ADMINISTERED PRIOR TO DEPLOYMENT, WITH ARRANGEMENTS MADE FOR SUBSEQUENT IMMUNIZATIONS TO BE GIVEN IN THEATER, IF POSSIBLE;

15.A.5.B. DEPLOYERS HAVING A HOUSEHOLD MEMBER WITH CONTRAINDICATIONS FOR THE SMALLPOX (VACCINIA) VACCINATION (MEDICAL TEMPORARY) MAY BE ALLOWED TO DEPLOY UNVACCINATED (FOR SMALLPOX ONLY) AND WILL BE VACCINATED AT THE DEPLOYED LOCATION. INCLUDE THEIR SMALLPOX SCREENING QUESTIONNAIRE AS PART OF THEIR DD2766, DEPLOYED MEDICAL RECORD. FOLLOW CURRENT GUIDANCE ON IMMUNIZATION WAIVER REQUESTS AND VACCINE ADVERSE EVENT REPORTING.

15.B. THERAPEUTIC/CHEMOPROPHYLACTIC MEDICATIONS.

15.B.1. ALL THERAPEUTIC/CHEMOPROPHYLACTIC MEDICATIONS, INCLUDING

ANTIMALARIALS AND NBC DEFENSE MEDICATIONS, WILL BE PRESCRIBED IN ACCORDANCE WITH ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)) MEMORANDUM DATED 24APR03, POLICY FOR USE OF FORCE HEALTH PROTECTION PRESCRIPTION PRODUCTS (FHPPP).

15.B.2. USCENTCOM MALARIA CHEMOPROPHYLAXIS REQUIREMENTS. COMPONENT/CJTF SURGEONS ARE EMPOWERED TO MODIFY MALARIA CHEMOPROPHYLAXIS GUIDANCE FOR THEIR SUBORDINATE UNITS BASED ON LATEST INTELLIGENCE, GROUND TRUTH, AND MEDICAL RISK ASSESSMENT. THE CENTCOM SURGEON'S OFFICE AS WELL AS DEPLOYING UNITS AND PRE-DEPLOYMENT READINESS CENTERS MUST BE NOTIFIED OF THESE LOCAL POLICY MODIFICATIONS. THE LOCAL COMPONENT/CJTF POLICIES WILL BE STORED ON THE COMMAND SURGEON HOME PAGE

([HTTP://RECLUSE.CENTCOM.SMIL.MIL/CCSG/](http://RECLUSE.CENTCOM.SMIL.MIL/CCSG/)) UNDER THE FORCE HEALTH PROTECTION LINK, UNDER THE SUB-LINK MALARIA POLICIES. MALARIA RISKS AND REQUIREMENTS VARY WITH LOCATION AND SEASON WITHIN THE USCENTCOM AOR, AND ARE BASED ON ASSESSMENTS PROVIDED BY AFMIC. CURRENT AFMIC ASSESSMENTS OF MALARIA WILL BE REVIEWED BY ALL DEPLOYING UNITS. (SEE COUNTRY SPECIFIC OR USCENTCOM AOR-WIDE ASSESSMENTS ON THE AFMIC SIPRNET WEBSITE [HTTP://WWW.AFMIC.DIA.SMIL.MIL/CGI-BIN/AFMIC/NAV.PL?MENU=CENTCOM.HTML](http://WWW.AFMIC.DIA.SMIL.MIL/CGI-BIN/AFMIC/NAV.PL?MENU=CENTCOM.HTML) OR AFMIC UNCLASSIFIED WEBSITE [HTTP://MIC.AFMIC.DETRICK.ARMY.MIL](http://MIC.AFMIC.DETRICK.ARMY.MIL) NOTE: WEB ADDRESSES MUST BE TYPED IN ALL LOWERCASE).

15.B.2.A. CENTRAL ASIA. MALARIA IS ENDEMIC IN THE FOLLOWING COUNTRIES: AFGHANISTAN (MARCH THROUGH NOVEMBER), IRAN (MARCH THROUGH NOVEMBER), KRYGZYSTAN (JUNE THROUGH SEPTEMBER), PAKISTAN (YEAR-ROUND), TAJIKISTAN (MAY THROUGH OCTOBER), TURKMENISTAN (MAY THROUGH OCTOBER), AND UZBEKISTAN (MAY THROUGH OCTOBER). CHLOROQUINE-RESISTANT MALARIA IS PRESENT IN CERTAIN LOCATIONS IN THE AOR, PRIMARILY IN IRAN, AFGHANISTAN, AND PAKISTAN. DURING PERIODS OF RISK (AS DESCRIBED ABOVE) PERSONNEL DEPLOYING TO MALARIA ENDEMIC AREAS WITHIN THESE COUNTRIES WILL TAKE MEFLOQUINE, ONE 250 MILLIGRAM TABLET WEEKLY, BEGINNING TWO WEEKS PRIOR TO DEPARTURE AND CONTINUING FOR FOUR WEEKS AFTER RETURN; OR DOXYCYCLINE 100 MILLIGRAMS ONCE DAILY BEGINNING 2 DAYS PRIOR TO DEPARTURE AND CONTINUING FOR 28 DAYS AFTER RETURN.

15.B.2.B. IRAQ.

15.B.2.B.1. CHLOROQUINE SENSITIVE VIVAX MALARIA OCCURS AT LOW LEVELS IN ENDEMIC AREAS. FALCIPARUM MALARIA, INCLUDING DRUG RESISTANT FORMS, APPEARS TO BE VERY RARE OR ABSENT. BAGHDAD AND MUCH OF WESTERN IRAQ, AS WELL AS THE AREAS IN THE CENTRAL AND SOUTHERN TIGRIS AND EUPHRATES RIVER VALLEYS SOUTH OF BAGHDAD AND NORTH OF [AND INCLUDING] AL BASRAH, ARE CONSIDERED MALARIA-FREE. MAJORITY OF MALARIA CASES IN LOCAL POPULATION OCCUR IN SPORADIC POCKETS IN THE NORTHERN PORTION OF THE COUNTRY. INDIGENOUS TRANSMISSION MAY ALSO BE OCCURRING IN THE EXTREME SOUTHERN PART OF IRAQ, ON THE AL FAW PENINSULA. FOR A DETAILED MAP OF THE MOST RECENT ASSESSMENT OF RISK DISTRIBUTION IN IRAQ, SEE THE AFMIC WEBSITE.

15.B.2.B.2. MALARIA CHEMOPROPHYLAXIS IS NOT REQUIRED FOR PERSONNEL DEPLOYED TO IRAQ IAW COMPONENT/CJTF POLICIES BASED ON CURRENT VECTOR SURVEILLANCE AND DISEASE TRENDS. CHEMOPROPHYLAXIS REQUIREMENTS MAY BE INITIATED IN SPECIFIC AREAS IF DISEASE THREAT CHANGES.

15.B.2.B.2.A. A SIGNIFICANT RISK OF DISEASE CAUSED BY INSECTS AND TICKS STILL EXISTS YEAR-ROUND IN IRAQ. THE THREAT OF DISEASE WILL BE MINIMIZED BY USING THE DOD INSECT REPELLANT SYSTEM AND BED NETS;  
[HTTP://WWW.AFPMB.ORG](http://WWW.AFPMB.ORG).

15.B.2.B.2.B. TREAT UNIFORM WITH PERMETHERIN (INDIVIDUAL DYNAMIC ABSORPTION  
(IDA) KIT NSN: 6840-01-345-0237 OR AEROSOL SPRAY CAN METHOD NSN: 6840-01-278-1336).

15.B.2.B.2.C. APPLY DEET CREAM (NSN: 6840-01-284-3982) TO EXPOSED SKIN (ONE APPLICATION LASTS 6-12 HOURS; MORE FREQUENT APPLICATION IF HEAVY

SWEATING AND/OR IMMERSION IN WATER, ETC.).

15.B.2.B.2.D. WEAR TREATED UNIFORM PROPERLY TO MINIMIZE EXPOSED SKIN [E.G. SLEEVES DOWN].

15.B.2.B.2.E. USE PERMETHRIN TREATED BEDNET PROPERLY TO MINIMIZE EXPOSURE DURING REST/SLEEP PERIODS.

15.B.2.B.3. IF MALARIA CHEMOPRPHYLAXIS IS REQUIRED, WEEKLY CHLOROQUINE, 500 MG TABLET, IS CONSIDERED THE DRUG OF CHOICE BECAUSE OF ITS EFFICACY AGAINST THE MALARIA STRAINS CURRENTLY PRESENT IN THE COUNTRY; AS WELL AS ITS FAVORABLE DOSING INTERVAL COMPARED TO DOXYCYCLINE, ITS GREATER SUITABILITY FOR PROLONGED ADMINISTRATION, AND ITS LOWER INCIDENCE OF SIDE-EFFECTS COMPARED TO MEFLOQUINE (NOT AUTHORIZED FOR PEOPLE ON FLIGHT STATUS); CHLOROQUINE IS AUTHORIZED FOR PERSONNEL ON FLIGHT STATUS.

15.B.2.C. REST OF ARABIAN PENINSULA. MALARIA RISK ON THE ARABIAN PENINSULA VARIES BY LOCATION AS FOLLOWS: SAUDI ARABIA (YEAR-ROUND, BUT IN WESTERN REGIONS ONLY) AND YEMEN (YEAR-ROUND). CHLOROQUINE RESISTANT FALCIPARUM MALARIA IS HIGHLY ENDEMIC IN YEMEN AND WESTERN SAUDI ARABIA. NO CURRENT RISK OF MALARIA EXISTS IN OMAN AND THE UNITED ARAB EMIRATES DUE TO RECENT ERADICATION; IMPORTED CASES CONTINUE TO OCCUR. DURING PERIODS OF RISK, PERSONNEL DEPLOYING TO SAUDI ARABIA (WESTERN REGION ONLY) OR YEMEN WILL TAKE DOXYCYCLINE (100 MILLIGRAMS) DAILY, BEGINNING 2 DAYS PRIOR TO DEPARTURE AND CONTINUING FOR 28 DAYS AFTER RETURN; OR MEFLOQUINE (ONE 250 MILLIGRAM TABLET) WEEKLY, BEGINNING TWO WEEKS PRIOR TO DEPARTURE AND CONTINUING FOR FOUR WEEKS AFTER RETURN.

15.B.2.D. AFRICA [USCENTCOM]. MALARIA IS ENDEMIC YEAR-ROUND IN ALL COUNTRIES OF THIS REGION INCLUDING DJIBOUTI, ERITREA, ETHIOPIA, KENYA, SOMALIA, AND SUDAN. A SIGNIFICANT PROPORTION OF MALARIA DISEASE IN ALL COUNTRIES IS DUE TO CHLOROQUINE RESISTANT PLASMODIUM FALCIPARUM. PERSONNEL DEPLOYING TO THESE AREAS WILL TAKE MEFLOQUINE (ONE 250 MILLIGRAM TABLET) WEEKLY, BEGINNING TWO WEEKS PRIOR TO DEPARTURE AND CONTINUING FOR FOUR WEEKS AFTER RETURN OR DOXYCYCLINE 100 MILLIGRAMS ONCE DAILY BEGINNING 2 DAYS PRIOR TO DEPARTURE AND CONTINUING FOR 28 DAYS AFTER RETURN.

15.B.2.E. INFORM PERSONNEL THAT MISSING ONE DOSE OF MEDICATION WILL PLACE THEM AT RISK FOR MALARIA.

15.B.2.F. UNITS CURRENTLY TAKING DAILY DOXYCYCLINE PROPHYLAXIS DESIRING TO CHANGE TO WEEKLY CHLOROQUINE ARE ADVISED TO ENSURE THAT AN APPROPRIATE MEDICATION OVERLAP IS ENFORCED. PERSONNEL BEGINNING A CHLOROQUINE REGIMEN SHOULD CONTINUE DAILY DOXYCYCLINE FOR A PERIOD OF 2 WEEKS, TO ALLOW FOR A BUILDUP OF ADEQUATE CHLOROQUINE LEVELS IN THE BLOODSTREAM. FAILURE TO OVERLAP MEDICATIONS MAY RESULT IN A PERIOD WHEN THE INDIVIDUAL IS NOT PROTECTED FROM MALARIA. UNITS CURRENTLY TAKING WEEKLY MEFLOQUINE DESIRING TO CHANGE TO CHLOROQUINE CAN DISCONTINUE MEFLOQUINE AND BEGIN CHLOROQUINE THE NEXT WEEK. RESIDUAL BLOOD LEVELS OF MEFLOQUINE WILL PROVIDE PROTECTION UNTIL ADEQUATE CHLOROQUINE LEVELS ARE ACHIEVED.

15.B.2.G. TERMINAL PROPHYLAXIS WITH PRIMAQUINE IS INDICATED FOR ALL COUNTRIES IN THE US CENTCOM AOR WHERE P. VIVAX AND P. OVALE MALARIA ARE TRANSMITTED AND WHERE CHEMOPROPHYLAXIS WAS ADMINISTERED [UNLESS SPECIFICALLY STATED BY LOCAL COMPONENT/CJTF GUIDANCE]. IT SHOULD BE NOTED THAT P. VIVAX MALARIA IS AN UNDER-RECOGNIZED PROBLEM IN THE HORN OF AFRICA. PRIMAQUINE REGIMEN WILL CONSIST OF 15 MILLIGRAMS OF BASE (26.3 MILLIGRAMS SALT) TAKEN ONCE A DAY FOR FOURTEEN DAYS BEGINNING AFTER DISEASE TRANSMISSION RISK IS TERMINATED (I.E., DEPARTURE FROM AOR OR END OF SEASONAL RISK) IAW SERVICE GUIDELINES. TESTING FOR G-6-PD DEFICIENCY WILL BE PERFORMED PRIOR TO PRESCRIPTION OF PRIMAQUINE, IN ACCORDANCE WITH SERVICE POLICY. INDIVIDUALS SHOULD REMAIN ON MALARIA CHEMOPROPHYLAXIS UNTIL SUCH TIME THAT THEY CAN BEGIN TERMINAL PROPHYLAXIS.

15.B.3. MEDICAL NBC DEFENSE ITEMS. ATROPINE AND 2-PAM AUTOINJECTORS (THREE OF EACH INJECTOR PER DEPLOYING INDIVIDUAL) WILL BE EITHER BULK

SHIPPED OR INDIVIDUALLY ISSUED. ADDITIONALLY, UNITS DEPLOYING WILL BULK SHIP EITHER CIPROFLOXIN 500MG TABS OR DOXYCYCLINE 100MG TABS (SIX EACH PER DEPLOYING INDIVIDUAL OF EITHER MEDICATION [REGARDLESS OF CHOICE, ENSURE ADEQUATE SUPPLY OF SECOND MEDICATION TO ACCOMMODATE INTOLERANCE TO THE DRUG OF FIRST CHOICE]), PYRIDOSTIGMINE BROMIDE (PB) TABS (ONE 18 OR 21 TABLET BLISTER PACK PER DEPLOYING INDIVIDUAL), CANA AUTOINJECTORS (ONE EACH PER DEPLOYING INDIVIDUAL) WITH THE DEPLOYING UNIT. IN THE EVENT OF NO INTRINSIC MEDICAL ELEMENTS, SERVICE COMPONENTS WILL ENSURE ADEQUATE AMOUNTS ARE PREPOSITIONED FOR DEPLOYED FORCES. NO INDIVIDUAL ISSUE OF PB TABS IS AUTHORIZED UNTIL DIRECTED BY CDR USCENTCOM.

15.C. MEDICAL RECORD. SERVICE POLICIES VARY ON WHETHER THE MEDICAL RECORD WILL ACCOMPANY THE SERVICE MEMBER ON DEPLOYMENT. REGARDLESS, THE FOLLOWING HEALTH INFORMATION MUST ACCOMPANY ALL PERSONNEL (SERVICE MEMBERS AND CIVILIANS):

15.C.1. ANNOTATION OF BLOOD TYPE AND RH FACTOR, HIV, AND DNA.

15.C.2. CURRENT MEDICATIONS AND ALLERGIES. INCLUDE ANY FHPPP PRESCRIBED AND DISPENSED TO AN INDIVIDUAL.

15.C.3. SPECIAL DUTY QUALIFICATIONS.

15.C.4. ANNOTATION OF CORRECTIVE LENS PRESCRIPTION.

15.C.5. SUMMARY SHEET OF CURRENT AND PAST MEDICAL AND SURGICAL PROBLEMS.

15.C.6. COPY OF DD 2795 (PREDEPLOYMENT HEALTH ASSESSMENT FORM).

15.C.7. DOCUMENTATION OF DENTAL STATUS CLASS I OR II.

15.C.8. IMMUNIZATION RECORD. MUST ACCURATELY REFLECT THE CURRENT STATUS FOR ALL IMMUNIZATIONS AT THE TIME OF DEPARTURE (I.E. LAST MINUTE IMMUNIZATIONS PROVIDED ON THE DEPLOYMENT LINE MUST BE ANNOTATED IN THE DEPLOYMENT MEDICAL RECORD PRIOR TO DEPARTURE. THESE MUST BE PROMPTLY ENTERED INTO ELECTRONIC DATA SYSTEM TO ENSURE RECEIVING MEDICS IN THE AOR HAVE ACCESS TO ACCURATE DATA FOR EACH INBOUND MEMBER).

15.D. HIV TESTING. SCREENING WILL BE WITHIN THE PREVIOUS 24 MONTHS PRIOR TO DEPLOYMENT. CIVILIAN SCREENING WILL BE IAW DOD, SERVICE, SOFA AND HOST NATION REQUIREMENTS.

15.E. TUBERCULOSIS SCREENING.

15.E.1. PPD TEST PERFORMED AND DOCUMENTED IAW SERVICE POLICY.

15.E.2. PPD CONVERTORS/REACTORS WILL BE HANDLED IAW SERVICE POLICY.

15.F. DNA SAMPLE: OBTAIN SAMPLE OR CONFIRM PRIOR SAMPLING IS ON FILE. CONTACT THE DOD DNA SPECIMEN REPOSITORY (TELEPHONE 301-319-0366, DSN PREFIX 285; FAX 301-295-0369); [HTTP://AFIP.ORG/OAFME/DNA/INDEX.HTML](http://AFIP.ORG/OAFME/DNA/INDEX.HTML).

15.G. ALL PERSONNEL (UNIFORMED SERVICE MEMBERS, GOVERNMENT CIVILIAN EMPLOYEES, VOLUNTEERS, AND CONTRACTOR EMPLOYEES) DEPLOYING TO THEATER MUST BE MEDICALLY (TO INCLUDE DENTAL) AND PSYCHOLOGICALLY FIT FOR DEPLOYMENT.

(SEE ALSO THE DOCUMENT MOD 7 PPG: CENTCOM DETAILED CIVILIAN MEDICAL PREDEPLOYMENT GUIDANCE FOUND ON THE COMMAND SURGEON HOME PAGE ([HTTP://RECLUSE.CENTCOM.SMIL.MIL/CCSG/](http://RECLUSE.CENTCOM.SMIL.MIL/CCSG/)), SELECT FORCE HEALTH PROTECTION, SELECT DEPLOYMENT POLICY, SELECT MOD 7 TO USCENTCOM PERSONNEL POLICY GUIDANCE, SELECT TAB A FOR AMPLIFICATION OF THIS SECTION). FITNESS SPECIFICALLY INCLUDES THE ABILITY TO ACCOMPLISH THE TASKS AND DUTIES UNIQUE TO A PARTICULAR OPERATION, AND ABILITY TO TOLERATE THE ENVIRONMENTAL AND OPERATIONAL CONDITIONS OF THE DEPLOYED LOCATION, INCLUDING WEAR OF PROTECTIVE EQUIPMENT AND USE OF REQUIRED PROPHYLACTIC MEDICATIONS.

15.G.1. UNIFORMED SERVICE MEMBERS MUST BE FIT FOR WORLDWIDE DEPLOYABILITY ACCORDING TO THEIR SERVICES REGULATIONS AND GUIDANCE. PHYSICAL EXAMS AND SPECIAL DUTY EXAMS MUST BE CURRENT IAW SERVICE POLICY AND REMAIN CURRENT FOR THE ANTICIPATED DURATION OF THE DEPLOYMENT.

15.G.2. GOVERNMENT CIVILIAN EMPLOYEES SUBJECT TO SPECIFIC PHYSICAL STANDARDS (INCLUDING, FOR EXAMPLE FIREFIGHTERS, SECURITY GUARDS AND POLICE, AVIATORS, AVIATION CREW MEMBERS AND AIR TRAFFIC CONTROLLERS,

DIVERS, MARINE CRAFT OPERATORS AND COMMERCIAL DRIVERS) MUST MEET THOSE STANDARDS WITHOUT WAIVER OR EXCEPTION, IN ADDITION TO BEING FOUND FIT FOR THE SPECIFIC DEPLOYMENT BY A MEDICAL AND DENTAL EVALUATION PRIOR TO DEPLOYMENT.

15.G.3. OTHER GOVERNMENT CIVILIAN EMPLOYEES AND VOLUNTEERS MUST BE FOUND FIT FOR DUTY AND FIT FOR THE SPECIFIC DEPLOYMENT WITHOUT LIMITATIONS OR NEED FOR ACCOMMODATION BY A MEDICAL AND DENTAL EVALUATION IAW SERVICE OR DOD REGULATION PRIOR TO DEPLOYMENT. MINIMUM STANDARDS INCLUDE ABILITY TO WEAR RESPIRATORY PROTECTIVE EQUIPMENT AND OTHER CHEMICAL/BIOLOGICAL PERSONAL PROTECTIVE EQUIPMENT.

15.G.4. CONTRACTOR EMPLOYEES MUST BE DOCUMENTED TO BE FIT FOR THE PERFORMANCE OF THEIR DUTIES (WITHOUT LIMITATIONS OR NEED FOR ACCOMMODATION) BY A MEDICAL AND DENTAL EVALUATION PRIOR TO DEPLOYMENT, PROVIDED AT THE COST OF THE CONTRACTOR OR THE INDIVIDUAL. MINIMUM STANDARDS INCLUDE ABILITY TO WEAR RESPIRATORY PROTECTIVE EQUIPMENT AND OTHER CHEMICAL/BIOLOGICAL PERSONAL PROTECTIVE EQUIPMENT. PREDEPLOYMENT AND/OR TRAVEL MEDICINE SERVICES FOR CONTRACTOR EMPLOYEES, INCLUDING IMMUNIZATIONS AND EVALUATION OF FITNESS ARE THE RESPONSIBILITY OF THE CONTRACTOR TO PROVIDE OR PROCURE. CONTRACTORS WILL OBTAIN AND UTILIZE THE STANDARDS OF FITNESS FROM THE SUPPORTED COMMANDS MEDICAL AUTHORITY. THIS SECTION AND ITS AMPLIFICATION IN THE DOCUMENT PPG-TAB A APPLY.

15.G.5. PERSONNEL WHO HAVE EXISTING MEDICAL CONDITIONS MAY DEPLOY IF ALL OF THE FOLLOWING CONDITIONS ARE MET (A LIST OF UNACCEPTABLE CONDITIONS IS PROVIDED IN THE DOCUMENT PPG-TAB A):

15.G.5.A. THE CONDITION(S) IS/ARE NOT OF SUCH A NATURE THAT AN UNEXPECTED WORSENING IS LIKELY TO HAVE A MEDICALLY GRAVE OUTCOME.

15.G.5.B. THE CONDITION(S) IS/ARE STABLE; THAT IS, CURRENTLY UNDER MEDICAL CARE, AND REASONABLY ANTICIPATED BY THE PRE-DEPLOYMENT MEDICAL EVALUATOR NOT TO WORSEN DURING THE DEPLOYMENT UNDER THAT REGIMEN OF CARE.

15.G.5.C. ANY REQUIRED ONGOING HEALTH CARE OR MEDICATIONS MUST BE IMMEDIATELY AVAILABLE IN-THEATER WITHIN THE MILITARY HEALTH SYSTEM, AND HAVE NO SPECIAL HANDLING, STORAGE OR OTHER REQUIREMENTS (E.G., COLD CHAIN, ELECTRICAL POWER REQUIRED).

15.G.6. PERSONNEL WHO REQUIRE MEDICATION WILL DEPLOY WITH NO LESS THAN A 90 DAY SUPPLY OF THEIR MEDICATION OR FOLLOW SERVICE SPECIFIC GUIDANCE, WHICHEVER IS MORE APPROPRIATE.

15.G.7. PERSONNEL WHO REQUIRE MEDICAL EQUIPMENT (FOR EXAMPLE, CORRECTIVE EYEWEAR, HEARING AIDS, ORTHODONTIC EQUIPMENT) MUST DEPLOY WITH ALL REQUIRED ITEMS IN THEIR POSSESSION, TO INCLUDE TWO PAIRS OF EYEGLASSES, PROTECTIVE MASK EYEGGLASS INSERTS, AND HEARING AID BATTERIES.

15.G.7.1. ARMY, NAVY AND MARINE PERSONNEL WILL NOT DEPLOY WITH CONTACT LENSES UNLESS WRITTEN AUTHORIZATION IS PROVIDED BY THE HOME STATION UNIT COMMANDER AND PLACED IN DEPLOYMENT MEDICAL RECORD.

15.G.7.2. AIR FORCE PERSONNEL (NON-AIRCREW) MAY DEPLOY WITH CONTACT LENSES, BUT MAY WEAR THEM ONLY WHEN AUTHORIZED BY THE DEPLOYED UNIT COMMANDER. AIR FORCE PERSONNEL DEPLOYING WITH CONTACT LENSES MUST RECEIVE PRE-DEPLOYMENT EDUCATION IN THE SAFE WEAR AND MAINTENANCE OF CONTACT LENSES IN THE CENTCOM AOR ENVIRONMENT, AND MUST ALSO DEPLOY WITH TWO PAIRS OF EYEGLASSES AND A SUPPLY OF CONTACT LENS MAINTENANCE ITEMS (E.G., CLEANSING SOLUTION) ADEQUATE FOR THE DURATION OF THE DEPLOYMENT.

15.G.7.3. CONTACT LENSES ARE LIFE SUPPORT EQUIPMENT FOR AIR FORCE AIRCREW, NOT MEDICAL EQUIPMENT, AND ARE THUS EXEMPT.

15.G.8. THE AUTHORITY FOR ACCEPTABILITY OF MEDICAL CONDITIONS AND THE AVAILABILITY OF MEDICATIONS AND REQUIRED MEDICAL CARE IN THEATER IS THE COMPONENT/CJTF SURGEON IN WHOSE AREA THE DEPLOYING INDIVIDUAL WILL OPERATE.

15.G.9. THE AUTHORITY FOR WAIVER OF THESE REQUIREMENTS IS THE

COMPONENT/CJTF SURGEON IN WHOSE AREA THE DEPLOYING INDIVIDUAL WILL OPERATE.

15.H. DEPLOYABLE HEALTH SERVICE SUPPORT INFRASTRUCTURE PROVIDES ONLY LIMITED MEDICAL CARE. SERVICE MEMBERS DEEMED UNABLE TO COMPLY WITH CENTCOM DEPLOYMENT REQUIREMENTS ON A CONTINUING BASIS SHOULD BE MEDICALLY EVALUATED AND DISQUALIFIED FOR DEPLOYMENT IAW SERVICE POLICY.

15.I. HEALTH ASSESSMENT. CONDUCT PRE- AND POST- DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2795 AND DD FORM 2796 RESPECTIVELY) ON ALL DEPLOYING GOVERNMENT PERSONNEL.

15.J. HEALTH SURVEILLANCE AND PROTECTION DURING DEPLOYMENT. ALL UNITS WILL SUPPORT DISEASE AND OCCUPATIONAL AND ENVIRONMENTAL HEALTH SURVEILLANCE REQUIREMENTS AND RECOMMENDATIONS IAW DOD POLICY AND CURRENT USCENTCOM OPLAN.

15.K. PRE-DEPLOYMENT HEALTH RISK COMMUNICATION. PROVIDE HEALTH INFORMATION TO EDUCATE; TO MAINTAIN FIT FORCES; AND TO CHANGE HEALTH RELATED BEHAVIORS FOR THE PREVENTION OF DISEASE, ILLNESS, AND INJURY DUE TO RISKY PRACTICES AND UNPROTECTED EXPOSURES.

15.K.1. GENERAL ISSUES TO BE ADDRESSED. INFORMATION REGARDING KNOWN AND SUSPECTED HEALTH RISKS AND EXPOSURES, HEALTH RISK COUNTERMEASURES AND THEIR PROPER EMPLOYMENT, PLANNED ENVIRONMENTAL AND OCCUPATIONAL SURVEILLANCE MONITORING, AND THE OVERALL OPERATIONAL RISK MANAGEMENT PROGRAM.

15.K.2. CONTENT. SHOULD INCLUDE, BUT NOT BE LIMITED TO THE FOLLOWING AREAS: OPERATIONAL OR COMBAT STRESS; NUCLEAR, BIOLOGICAL, CHEMICAL THREATS; ENDEMIC INFECTIONS; COMMUNICABLE DISEASES; VECTORBORNE DISEASES; ENVIRONMENTAL CONDITIONS; SAFETY; OCCUPATIONAL HEALTH; ENDEMIC PLANT, ANIMAL, REPTILE, AND INSECT HAZARDS.

15.L. A SIGNIFICANT RISK OF DISEASE CAUSED BY INSECTS AND TICKS EXISTS YEAR-ROUND IN THE AOR. THE THREAT OF DISEASE WILL BE MINIMIZED BY USING THE DOD INSECT REPELLANT SYSTEM AND BED NETS; [HTTP://WWW.AFPMB.ORG](http://www.afpmb.org).

15.L.1. TREAT UNIFORM WITH PERMETHERIN (INDIVIDUAL DYNAMIC ABSORPTION (IDA) KIT NSN: 6840-01-345-0237 OR AEROSOL SPRAY CAN METHOD NSN: 6840-01-278-1336).

15.L.2. APPLY DEET CREAM (NSN: 6840-01-284-3982) TO EXPOSED SKIN (ONE APPLICATION LASTS 6-12 HOURS; MORE FREQUENT APPLICATION IF HEAVY SWEATING AND/OR IMMERSION IN WATER, ETC.).

15.L.3. WEAR TREATED UNIFORM PROPERLY TO MINIMIZE EXPOSED SKIN [E.G. SLEEVES DOWN].

15.L.4. USE PERMETHRIN TREATED BEDNET PROPERLY TO MINIMIZE EXPOSURE DURING REST/SLEEP PERIODS.

15.M. FOOD AND WATER SOURCES:

15.M.1. ALL WATER (INCLUDING ICE) IS CONSIDERED NON-POTABLE UNTIL TESTED AND APPROVED BY APPROPRIATE MEDICAL PERSONNEL.

15.M.2. NO BULK FOOD SOURCES WILL BE UTILIZED UNLESS INSPECTED AND APPROVED BY U.S. VETERINARY PERSONNEL.

15.M.3. COMMANDERS WILL ENSURE THAT THE NECESSARY SECURITY IS IN PLACE TO PROTECT WATER AND FOOD SUPPLY AGAINST TAMPERING. MEDICAL PERSONNEL WILL PROVIDE CONTINUAL VERIFICATION OF QUALITY AND PERIODIC INSPECTION OF STORAGE AND PREPARATION FACILITIES.

15.N. THE FORCE HEALTH PROTECTION REQUIREMENTS CAN BE USED AS GUIDANCE FOR FAMILY MEMBERS AND OTHER CATEGORIES NOT PREVIOUSLY MENTIONED. ADDITIONAL IMMUNIZATIONS OR HEALTH SCREENING MAY BE INDICATED AFTER EVALUATING AN INDIVIDUAL'S RISK FACTORS, MEDICAL RECORD AND ASSIGNMENT LOCATION. THESE CONCERNS SHOULD BE ADDRESSED BETWEEN THE PATIENT AND THEIR PRIMARY CARE PROVIDER PRIOR TO TRAVELING OVERSEAS

15.O. ALL OTHER INSTRUCTIONS AND GUIDANCE SPECIFIED IN INITIAL POLICY MESSAGE REMAIN IN EFFECT. MOD 6 IS NOW INVALID.

15.P. THE USCENTCOM POC FOR FORCE HEALTH PROTECTION IS CCSG, DSN  
651-6397;  
SIPR: CCSG-PMO@CENTCOM.SMIL.MIL.//  
BT

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## Details

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### TO Addressees

(OR1) VLSB2, V3USCENTAF  
(DN1) DOD, AF, ORGANIZATIONS, USCENTAF(SC)  
(OR2) RGJS1MFI3, COMUSNAVCENT  
(DN2) DOD, AUTODIN PLAS, CE-CS, COMUSNAVCENT  
(OR3) HEFL21, ISG BAGHDAD IZ  
(DN3) DOD, AUTODIN PLAS, I-M, ISG BAGHDAD IZ  
(OR4) HOA, CJTF HOA(SC)  
(DN4) DOD, CENTCOM, DEPLOYED, CJTF HOA, CJTF HOA(SC)  
(OR5) HEFL21, COMJSOC FT BRAGG NC  
(DN5) DOD, AUTODIN PLAS, CE-CS, COMJSOC FT BRAGG NC  
(OR6) IRAQ, MNCIRAQC3SC  
(DN6) DOD, ARMY, DEPLOYED, MNC IRAQ, MNC IRAQ C3(SC)  
(OR7) HEFL21, OMC-K KUWAIT KU  
(DN7) DOD, AUTODIN PLAS, O-Q, OMC-K KUWAIT KU  
(OR8) HEFL21, TASK FORCE OMAHA  
(DN8) DOD, AUTODIN PLAS, T, TASK FORCE OMAHA  
(OR9) HOA, COMJSOTF HOA(SC)  
(DN9) DOD, CENTCOM, DEPLOYED, COMJSOTF HOA, COMJSOTF HOA(SC)  
(OR10) NVZR1, HQ SOCCENT(MC)  
(DN10) DOD, CENTCOM, ORGANIZATIONS, HQ SOCCENT(MC)  
(OR11) CFC, CFCAJOCSC  
(DN11) DOD, ARMY, DEPLOYED, CFCA, CFCA JOC(SC)  
(OR12) HEFL21, COMJTF ONE TWO ONE  
(DN12) DOD, AUTODIN PLAS, CE-CS, COMJTF ONE TWO ONE  
(OR13) NVZR1, COMUSMARCENT G3(MC)  
(DN13) DOD, CENTCOM, ORGANIZATIONS, COMUSMARCENT G3(MC)  
(OR14) IRAQ, MNFIRAQCGSC  
(DN14) DOD, ARMY, DEPLOYED, MNF IRAQ, MNF IRAQ CG(SC)

### CC/Info Addressees

(OR1) NVZR1, USCENTCOM SURGEON(MC)  
(DN1) DOD, CENTCOM, ORGANIZATIONS, USCENTCOM SURGEON(MC)  
(OR2) TAYZ17, TAYZ20, CPXTAYZ05, JSJ4HSSD  
(DN2) DOD, JCS, ORGANIZATIONS, JOINT STAFF(SC), JOINT STAFF J4(SC),

### JOINT STAFF J4 HSSD(SC)

(OR3) NVZR1, USCENTCOM JOC(MC)  
(DN3) DOD, CENTCOM, ORGANIZATIONS, USCENTCOM JOC(MC)  
(OR4) HEFL21, AMEMBASSY ABU DHABI  
(DN4) DOD, AUTODIN PLAS, AIG 6-AZ, AMEMBASSY ABU DHABI  
(OR5) HEFL21, AMEMBASSY ADDIS ABABA  
(DN5) DOD, AUTODIN PLAS, AIG 6-AZ, AMEMBASSY ADDIS ABABA  
(OR6) HEFL21, AMEMBASSY AMMAN  
(DN6) DOD, AUTODIN PLAS, AIG 6-AZ, AMEMBASSY AMMAN  
(OR7) HEFL21, AMEMBASSY BISHKEK  
(DN7) DOD, AUTODIN PLAS, AIG 6-AZ, AMEMBASSY BISHKEK  
(OR8) HEFL21, AMEMBASSY CAIRO  
(DN8) DOD, AUTODIN PLAS, AIG 6-AZ, AMEMBASSY CAIRO



(OR9) HEFL21, AMEMBASSY DJIBOUTI  
(DN9) DOD, AUTODIN PLAS, AIG 6-AZ, AMEMBASSY DJIBOUTI  
(OR10) HEFL21, AMEMBASSY DOHA  
(DN10) DOD, AUTODIN PLAS, AIG 6-AZ, AMEMBASSY DOHA  
(OR11) HEFL21, AMEMBASSY ISLAMABAD  
(DN11) DOD, AUTODIN PLAS, AIG 6-AZ, AMEMBASSY ISLAMABAD  
(OR12) HEFL21, AMEMBASSY KABUL  
(DN12) DOD, AUTODIN PLAS, AIG 6-AZ, AMEMBASSY KABUL  
(OR13) HEFL21, AMEMBASSY KUWAIT  
(DN13) DOD, AUTODIN PLAS, AIG 6-AZ, AMEMBASSY KUWAIT  
(OR14) HEFL21, AMEMBASSY MANAMA  
(DN14) DOD, AUTODIN PLAS, AIG 6-AZ, AMEMBASSY MANAMA  
(OR15) HEFL21, AMEMBASSY MUSCAT  
(DN15) DOD, AUTODIN PLAS, AIG 6-AZ, AMEMBASSY MUSCAT  
(OR16) HEFL21, AMEMBASSY NAIROBI  
(DN16) DOD, AUTODIN PLAS, AIG 6-AZ, AMEMBASSY NAIROBI  
(OR17) HEFL21, AMEMBASSY RIYADH  
(DN17) DOD, AUTODIN PLAS, AIG 6-AZ, AMEMBASSY RIYADH  
(OR18) HEFL21, AMEMBASSY SANAA  
(DN18) DOD, AUTODIN PLAS, AIG 6-AZ, AMEMBASSY SANAA  
(OR19) HEFL21, AMEMBASSY TASHKENT  
(DN19) DOD, AUTODIN PLAS, AIG 6-AZ, AMEMBASSY TASHKENT  
(OR20) HEFL21, AMEMBASSY ALMATY  
(DN20) DOD, AUTODIN PLAS, AIG 6-AZ, AMEMBASSY ALMATY  
(OR21) HEFL21, AMEMBASSY ASMARA  
(DN21) DOD, AUTODIN PLAS, AIG 6-AZ, AMEMBASSY ASMARA  
(OR22) CPXPS10, CDR-USEUCCOM  
(DN22) DOD, EUCOM, ORGANIZATIONS, CDR USEUCOM(MC)  
(OR23) NCBW1MFI3, HQ USPACOM HONOLULU HI  
(DN23) DOD, AUTODIN PLAS, E-H, HQ USPACOM HONOLULU HI  
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Originator-DN: DOD, CENTCOM, ORGANIZATIONS, USCENTCOM SURGEON(MC)

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